TOWN OF DARIEN DEPARTMENT OF HEALTH TOWN HALL, 2 RENSHAW ROAD DARIEN, CONNECTICUT 06820-5397 TELEPHONE (203) 656-7320 FAX (203) 656-7407



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APPLICATION FOR TEMPORARY FOOD SERVICE LICENSE

FOR THE DAYS	
воотн	
NAME OF BOOTH:	
NAME OF EVENT:	
ADDRESS OF EVENT:	
DATE OF EVENT:	
OPERATOR OF BO	
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
HOME TELEPHONE:	
ANNUAL FEE PAY THIS AMOU	
SUBMITTED BY:	Owner
Manager	
MAKE CHECK PAYABLE TO THE TOWN OF DARIEN	
FOR OFFICE USE ONLY	
RECEIVED BY: DATE	
CHECK NUMBER:	RECEIPT NUMBER: